

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015955

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 85

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Chillicothe

Length of stay in 1b
10 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Chillicothe hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Livingston

c. CITY
OR TOWN

Chillicothe

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

97 Eleventh St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAY

OREN

OGAN

4. DATE
OF DEATH

Month

Day

Year

April 12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/22/88

9. AGE (last birthday)

73

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Home builder

11. BIRTHPLACE (City and state or country)

Livingston Co., Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Gilmer Ogan

13b. MOTHER'S MAIDEN NAME

Martha Humphres

14. NAME OF HUSBAND OR WIFE

Dema Ogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No XX

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

6 Mrs. Dema Ogan, Chillicothe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

7 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

1 yr

DUE TO (c)

Hypertensive heart disease

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pulmonary edema

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Chillicothe

Livingston

Mo

21. I attended the deceased from

4-5-62

8:35 P

to 4-12-62

and last saw him alive on

4-12-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. L. Muley

Do

22b. ADDRESS

Chillicothe Mo

22c. DATE SIGNED

4-14-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4/15/62

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Trenton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Gordon, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Apr 14, 1962

26. REGISTRAR'S SIGNATURE

Annalie Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard W. Bandall

Licensed Embalmer No.

4866

P. O. Address

Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.